COMMENTARY

General Martin looks back on successes, ahead to challenges

BY GEN. GREG MARTIN
Air Force Materiel Command commander

WRIGHT-PATTERSON AFB, Ohio (AFMCNS)–In a flash, 2003 has come and gone, and with it the year's many challenges and successes.

Regardless of the situation, obstacle or challenge, our Air Force Materiel Command team came together and got the job done, keeping America's Air Force the premier power in the world. When you look at our military's ability to fight and the weapons and technology warfighters take to the battlefield, you can take pride in knowing you've made that happen.

You carried out the AFMC mission by delivering war-winning, expeditionary capabilities to the warfighter: war-winning technology; war-winning acquisition support; and war-winning sustainment.

America's overwhelming success in places like Afghanistan and Iraq came riding in on your backs. Don't ever underestimate your value to this command, the Air Force or our great nation.

We did a lot in 2003. AFMC logistics operations reduced non-mission capable hours due to supply problems by 37 percent from September 2002 to the same time in 2003. This, in turn, reduced the Air Force fleet average total not mission capable rate for supply from 10.2 percent in fiscal year 2002 to 9.2 percent in fiscal 2003.

Our air logistics centers and their contract partners did not exceed planned expense rates in 2003, resulting in no final bill to the corporate Air Force for the first time in half a decade.

Maintainers at Robins AFB, Ga., shaved four months off individual C-5 Galaxy programmed depot maintenance time which allowed them to deliver an unprecedented 23 aircraft back to the warfighter this year; 17 had been the previous high mark. They're doing similar things with C-130 aircraft, and cut 30 days off programmed depot maintenance time for four Air Force Special Operations Command aircraft.

Maintenance professionals at Tinker AFB, Okla., did their part in finding new efficiencies. Because of that, they have more net serviceable fighter aircraft engines on hand than required to meet the Air Force's warfighting needs, a first since the Gulf War.

And the list goes on. Two F-16 aircraft, deliberately approaching each other head on during a test at Edwards AFB, Calif., went into automated maneuvers to avoid collision via the Automatic Air Collision Avoidance System. The ACAS will help alleviate mid-air collisions and save lives and tax dollars.

Experts at Eglin AFB, Fla., developed a Miniature Air-Launched Decoy that will entice enemy forces to prematurely disclose their air defense locations, keeping pilots further out of harm's way. And as F-16s flying missions in Operation Iraqi Freedom were having problems delivering their munitions, experts at Hill AFB, Utah, Edwards and China Lake, Calif., worked together and found a fix an amazing 30 hours later. That's the kind of warfighter support our Air Force wants, needs and continues to get.

But 2004 is now waiting in the wings with a new set of challenges.

First among those is ensuring the programmed executive officer restructuring is successful. I think it has the potential for creating the most positive and important improvement in our acquisition capability since we established AFMC more than a decade ago.

Next, we have to make sure that, in the process of executing that restructure, we remain focused on developing Air Force capabilities. We've taken great strides in this area, but the programs and systems we develop should always be oriented toward the contributions they make toward enhanced capabilities. We'll be taking a good look at how we are structured to make sure we're as efficient in this area as we can and should be.

Thirdly, throughout this entire process, we have world-class science and technologies that will play into each of those systems. We have to make sure they are totally connected in every aspect of our weapon system development from concept to ultimate demilitarization.

To do that, we have to make sure that our people are continuing to develop and improve our expeditionary force structure. So, while we are restructuring to connect AFMC and our acquisition community better than ever before, and make sure they're focused on the capabilities in integrating technology, we're also putting them out in the field as part of our expeditionary deployments, which is very exciting for the people because they're connected with what the warfighters are doing operationally.

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And the next logical step be to make sure we're doing everything we can to develop our people for the responsibilities we want them to assume as time goes on. We must understand the expeditionary nature, the S&T priorities and capabilities and ultimately manage the program development so all those aspect and characteristics are considered.

This is exciting and I'm thrilled to be a part of it. I've always been amazed at what our AFMC team can accomplish as evidenced in the successes from 2003. Challenges lie ahead in this new year, but we stand ready to overcome them all through teamwork and dedication.

I'm proud to be your commander and am looking forward to the great things you're going to do in 2004. God bless you all, and God bless America.

2004 challenges

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- Make sure that, in the process of executing that restructure, we remain focused on developing Air Force capabilities.
  The programs and systems we develop should always be oriented toward the contributions they make toward enhanced capabilities.
  Examine structure to make sure we're as efficient in this area as we can and should be.
- We have world-class science and technologies that will play into each of those systems.
  We have to make sure they are totally connected in every aspect of our weapon system development from concept to ultimate demilitarization.

Base resumes anthrax vaccination program

BY LT. COL. JOE SCHURHAMMER
377th Aerospace Medicine Squadron Public Health Flight commander

Undersecretary of Defense for Personnel and Readiness, David S. C. Chu, signed a memo on Jan. 7 resuming the military's Anthrax Immunization Program.

DOD curtailed the program after a preliminary injunction issued Dec. 22 by the U.S. District Court for D.C. regarding the anthrax vaccination program. The ruling questioned the legal status of anthrax vaccine when used to protect individuals against inhalational anthrax.

On Dec 30, the Food and Drug Administration issued a ruling finding that the Anthrax Vaccine is safe, effective, and approved for use in prevention of inhalational anthrax. Based on the FDA ruling, the Department of Justice asked the court to vacate the injunction pending clarification of the legal situation.

The anthrax vaccination program is an important force protection measure.

Research conducted by the most prominent medical experts has determined that the anthrax vaccine is safe and effective for all forms of anthrax exposure. There is no better round-the-clock protection against anthrax infection than the anthrax vaccine.

While antibiotics are effective when started immediately or promptly after exposure, they do not provide as the same 24/7 protection as the vaccine. More importantly, not all exposures can be predicted in advance or even determined in very early stages, particularly in certain military situations. In such situations, the consequences for military personnel and their mission could be dire. This is not a risk we can afford to take. Health and safety of DOD personnel is a top concern of leaders. The best method to ensure for the safety and protection of the force is to vaccinate ahead of time.

DOD has vaccinated more than 1 million servicemembers since the beginning of the program in March 1998. Based on over 30 years of anthrax vaccine use, we know that severe, but temporary injection-site reactions may occur.

It is known that from 30 to 60 percent of people who receive anthrax vaccine will develop an injection site reaction (less than one inch in diameter). About one in a hundred develop a reaction five inches in diameter or larger.

The rate of side effects away from the injection site is about the same as for other vaccines: 5-35 percent, with these events going away within a few days. As The National Academy of Science noted in their March 2002 report, these rates are similar to other vaccines.

During 2003, the 377th Medical group gave 857 doses of anthrax vaccine to DOD civilians, U.S. Army Corps of Engineers, Navy, Marine, Air Force and U.S. Public Health Service personnel at TEAM KIRTLAND with only a few minor injection-site reactions reported.

DOD considers this a vital measure to protect our personnel against the lethal threat of anthrax and anticipates only a temporary pause or interruption in the anthrax vaccination program.

Although shots have stopped for now, the Anthrax Vaccine Immunization Program has not been cancelled. For personnel who have begun the six-shot series, they will resume immunizations at the point where they paused once the program resumes.

For more information, call 377th Air Base Wing Public Affairs, 846-5991; Kirtland AFB Public Health, 846-3461; or the Immunization Clinic, 846-3101.

Chief Derrow:

Training, follow-up, spirit are keys to mission success

BY JENNIFER E. WEST
Nucleus staff writer

No task is done until the followup with documentation has confirmed it, Chief Master Sgt. Pam Derrow states.

As the new command chief master sergeant for the 377th Air Base Wing, Derrow is placing that expectation for completion of taskings and excellence in accomplishing the mission on her TEAM KIRTLAND members.

The new chief, from Royal Air Force Mildenhall, England, where she was superintendent of the 100th Mission Support Group, intends to build upon her predecessor's work, targeting the needs of enlisted Air Force members in the wing.

In her definition of "taking care of the troops," Chief Derrow includes civilians, who along with the military people, make one team that should work together to be victorious in the global war on terrorism.

The diversity of Kirtland AFB is undaunting to Chief Derrow but the span of the installation's missions do amaze her.

"Wow, was I ever amazed at all the incredible functions we perform–munitions storage and maintenance, readiness and training, research development and testing and, of course, base operating support.

The self-described "type A" chief put training at the top of her to-do list, calling it key to our expeditionary success. With training, then, comes excellence in the mission's taskings.

Photo by Todd Berenger
Chief Master Sgt. Pam Derrow, 377th Air Base Wing command chief master sergeant.

"…whatever task you are given, no matter how big or small, should be done the absolute best way possible, because every task is important and (all tasks) fit into our big mission picture," Chief Derrow explains.

And to recognize the career progression of those she oversees, Chief Derrow hopes to build on Chief Master Sgt. Audrey Thompson's (former wing command chief master sergeant) institution of celebrating promotions with the monthly ceremony. Her goal is to have a 377th Air Base Wing Traveling Spirit Trophy to be awarded to the most spirited group or squadron at the functions.

Although Kirtland AFB is her first assignment as a command chief, Chief Derrow gained valuable experience in a previous assignment and believes it will be invaluable to her work here.

An Air Force member since 1980, Chief Derrow enlisted with a friend through the "buddy system." Although her friend bailed, Chief Derrow forged ahead with what she calls "the best decision I have ever made!

"I believe the Air Force has help me achieve goals way beyond any of my expectations and I get to be part of the world's greatest air and space power–how can you beat that?

"Daily, I see professional people doing tremendous things to make our world a better place to live for our children and our children's children," Chief Derrow said.

She also thanks the many TEAM KIRTLANDers who gave her and her family a warm welcome.

That warm welcome exemplifies her philosophy that those with whom she serves should treat everyone they meet as the most important person in the world as we pursue our daily mission accomplishments.

Leishmaniasis: a preventable infection

BY LT. COL. JOE SCHURHAMMER
377th Aerospace Medicine Squadron
PUBLIC HEALTH FLIGHT COMMANDER

"Did you know that whenever nations send troops into battle more troops are taken out of action by disease and non-battle injuries than are injured in combat? Many of the disease injuries result from germs passed by the bites of insects."
The Armed Forces Pest Management Board

What is leishmaniasis?

Leishmaniasis (LEASH-ma-NIGH-a-sis) is a parasitic disease spread by the bite of infected sand flies. There are several forms of leishmaniasis. The most common are cutaneous leishmaniasis, which causes skin sores, and visceral leishmaniasis, which affects some internal organs of the body (for example, spleen, liver, bone marrow).

What are the signs and symptoms of cutaneous leishmaniasis?

People who have cutaneous leishmaniasis have one or more sores on their skin. The sores can change in size and appearance over time. The sores can be painless or painful. Some people have swollen glands near the sores.

What are the signs and symptoms of visceral leishmaniasis?

People who have visceral leishmaniasis usually have fever, weight loss and an enlarged spleen and liver.

Where is leishmaniasis found?

Leishmaniasis is found in 88 countries in parts of the following areas:

✯ Mexico, Central America and South America–from northern Argentina to southern Texas; not in Uruguay, Chile or Canada

✯ southern Europe, although not common in travelers to southern Europe

✯ Asia, not Southeast Asia

✯ the Middle East

✯ Africa, particularly East and North Africa, with some cases elsewhere

How is leishmaniasis spread?

Leishmaniasis is spread by the bite of sand flies. Sand flies are very small and may be hard to see; they are only about one-third the size of typical mosquitoes. Sand flies usually are most active in the evening and nighttime hours.

Who is at risk for leishmaniasis?

All deployers and travelers are at risk for leishmaniasis if they live or travel where leishmaniasis is found. Military deployed to any of the identified areas are at risk for leishmaniasis–especially cutaneous leishmaniasis.

If I were bitten by an infected sand fly, how quickly would I become sick?

People with cutaneous leishmaniasis usually develop skin sores within a few weeks (sometimes as long as months) of when they were bitten. People with visceral leishmaniasis usually become sick within several months (rarely as long as years) of when they were bitten.

Can leishmaniasis be a serious disease if not treated?

Yes, it can be. The skin sores of cutaneous leishmaniasis will heal on their own, but this can take months or even years. Mucosal leishmaniasis might not be noticed until years after the original skin sores healed. The best way to prevent mucosal leishmaniasis is to treat the cutaneous infection before it spreads. If not treated, visceral leishmaniasis can cause death.

What should I do if I think I might have leishmaniasis?

See your health care provider, particularly if you have traveled to an area where leishmaniasis is found and have developed skin sores that aren't healing. Be sure to tell your health care provider where you have traveled.

How is leishmaniasis prevented?

Vaccines and drugs for preventing infection are not available. The best way to prevent leishmaniasis is to protect oneself from sand fly bites. To decrease the risk of being bitten, deployers and travelers should:

✯ Whenever possible, avoid outdoor activities, especially from dusk to dawn, when sand flies are the most active.

✯ Use a bed net that has been soaked in or sprayed with permethrin and tuck it under your mattress. Sand flies are very small and can get through untreated bed nets.

✯ Apply a thin coat of long-lasting DEET insect repellent lotion to all EXPOSED skin. Reapply as necessary, usually every 6-12 hours.

✯ Apply permethrin clothing repellent to your uniform before putting it on. Use the baggie-type "shake and bake" treatment kit (NSN 6840-01-345-0237, one kit treats one uniform but is effective for the life of the uniform), or the aerosol can method (NSN 6840-01-278-1336, ¾ of a can treats one uniform but is only effective for up to 6 washings). Follow all label directions.

✯ Wear your uniform properly. Tuck in undershirt at waist and tuck pants inside your boots. Lace boots completely, roll sleeves down, button blouse or shirt at the neck and wrist, and wear your headgear.

✯ Do not wear after-shave lotion, cologne or perfume in the field. It attracts insects.

✯ Your squadron should contact civil engineering entomology at your deployed location to evaluate insect problems.

Call the Kirtland AFB Public Health Office, 846-3461

NOTE: Mobility personnel requirements are found in the KIRTLAND AFB INSTALLATION DEPLOYMENT PLAN, Aug 02 (IDP) (OPR: 377 LRS/LGRR), Attachment 5 to Chapter 2, MOBILITY BAG CONTENTS. Units purchase repellents for use by their deploying personnel.